

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G536		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/05/2011	
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 2501 GLAD ST WARSAW, IN 46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This visit was for a fundamental recertification and state licensure survey. Dates of survey: October 3, 4, 5, 2011. Facility number: 001050 Provider number: 15G536 AIM number: 100245380 Surveyor: Susan Reichert, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/17/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.			W 000			
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on record review and interview for 1 of 4 sampled clients (client #4), the facility failed to ensure due process for client #4 by failing to obtain consent from his legally sanctioned representative for the use of psychotropic medication and failed to take action to determine the effectiveness of the legally sanctioned representative.			W 125			10/29/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 125	<p>Continued From page 1</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 10/4/11 at 2:20 PM. The record indicated client #4 was assigned a guardian by the court. A 9/10/10 Informed Consent/Self Advocacy Assessment indicated client #4 did not have a knowledge of the uses and side effects of medication (psychiatric or medical) and was in need of a guardian. His physician's orders dated 8/11 indicated he received Prozac 80 mg (milligrams) daily. His Self Management Plan (SMP) dated 8/11 indicated he received 80 mg Prozac daily and Buspar 60 mg daily to manage behaviors of aggression. There was no evidence of consent by his guardian for the plan or of the facility's human rights committee review and approval of the plan.</p> <p>The QDDP (Qualified Developmental Disabilities Professional) was interviewed on 10/5/11 at 3:15 PM and indicated client #4's guardian had failed to return signed documents of client #4's ISP and SMP since his admission on 8/19/10 despite attempts to do so by the QDDP on 9/29/10, 12/21/10, 3/8/11 and 7/7/11. He indicated client #4's guardian did not want to relinquish guardianship. He indicated the facility had not pursued steps to determine whether client #4's guardian was effective in protecting his rights.</p>			W 125			
W 263	<p>9-3-2(a) 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a</p>			W 263			10/29/11

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W 263	<p>Continued From page 2 minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview for 1 of 4 sampled clients (client #4), the facility failed to obtain written guardian approval for the use of psychotropic medication.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 10/4/11 at 2:20 PM. The record indicated client #4 was assigned a guardian by the court. A 9/10/10 Informed Consent/Self Advocacy Assessment indicated client #4 did not have a knowledge of the uses and side effects of medication (psychiatric or medical) and was in need of a guardian. His physician's orders dated 8/11 indicated he received Prozac 80 mg (milligrams) daily. His Self Management Plan (SMP) dated 8/11 indicated he received 80 mg Prozac daily and Buspar 60 mg daily to manage behaviors of aggression. There was no evidence of the facility's human rights committee review and approval of the plan.</p> <p>The QDDP (Qualified Developmental Disabilities Professional) was interviewed on 10/5/11 at 3:15 PM and indicated client #4's guardian had failed to return signed documents of client #4's ISP and SMP since his admission on 8/19/10 despite attempts to do so by the QDDP on 9/29/10, 12/21/10, 3/8/11 and 7/7/11. He indicated the human rights committee had not reviewed client #4's SMP.</p> <p>9-3-4(a)</p>			W 263			

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W 346	<p>483.460(d)(4) NURSING STAFF</p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, for 7 of 7 clients who lived in the home (Clients #1, #2, #3, #4, #5, #6, #7) the facility failed to have a Registered Nurse (RN) on staff or to have a formal arrangement with an RN to be available for verbal or onsite consultations to the LPNs.</p> <p>Findings include:</p> <p>Facility records were reviewed on 10/4/11 at 10:40 PM. Reports to the Bureau of Developmental Disabilities Services (BDDS) indicated client #5 was taken to the ER (emergency room) for chest pain on 2/18/11, client #2 was taken to the hospital for irregular lab results, and again on 9/12/11 with a diagnosis of acute bronchitis and elevated blood sugar. There was no indication the facility had an arrangement with an RN for consultation.</p> <p>Client #1's record was reviewed on 10/4/11 at 1:28 PM. Client #1's record indicated she had diagnoses of hypothyroidism and osteoporosis.</p> <p>Client #2's record was reviewed on 10/4/11 at 12:20 PM. Client #2's record indicated she had diagnoses of hypertension, elevated cholesterol, diabetes, constipation, osteoporosis, anemia,</p>			W 346			10/29/11

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W 346	<p>Continued From page 4 severe stenosis.</p> <p>Client #3's record was reviewed on 10/4/11 at 2:00 PM. Client #3's record indicated he had grand mal seizures, dystaxia, hypothyroidism, history of pancreatitis, gastro esophageal reflux disorder.</p> <p>The Support Service Coordinator (SSC) was interviewed on 10/4/11 at 3:15 PM. The SSC indicated there was not an RN available as a consultant.</p> <p>9-3-6(a)</p>			W 346			